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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

T-. C-----

Application Number	10/774,271
Filing Date	2/06/2004
First Named Inventor	James Lipton
Art Unit	
Examiner Name	
Attorney Docket Number	099425-0100/8489

P.O.	Box 1450 andria, VA 22											
Please withdraw me as attorney or agent for the above identified patent application, and												
all the attorneys/agents of record.												
the attorneys/agents (with registration numbers) listed on the attached paper(s), or												
✓	the attorneys/agents associated with Customer Number 38,939											
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.												
The reasons for this request are: client request												
CORRESPONDENCE ADDRESS												
1. The correspondence address is NOT affected by this withdrawal.												
2. Change the correspondence address and direct all future correspondence to:												
The address associated with Customer Number:												
OR												
	Firm or Individual Name Michael Wise											
Address Perkins Cole 1620-26TH Street Skith floor												
City Santa Monica State			CA	Zip 90404-4013								
Country	untry usa											
Telephone 310-788-3210				Email MWise@perkinscoie.com								
Signature	s/Gregory M. Zi	nkl										
Name	lame Gregory M. Zinkl					tration	No.	48,492	8,492			
Date	March 13, 2007					Telephone No. 312-627-2126			-2126			
		hen approved rather than when received. Ur e or possible extension period, the request to					approva	l of withd	rawal and the expiration			

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